



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Bantry
Name of provider:	Aperee Living Bantry Ltd
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0041033

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aperee Living Bantry is a single storey facility located approximately two kilometres from the town of Bantry. The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 28 September 2023	09:20hrs to 16:15hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This inspection took place over one day and was unannounced. Aperee Living Bantry is a designated centre for older people, registered to provide care to 50 residents. It is situated in the town of Bantry, in West Cork. There were 43 residents living in the centre on the day of this inspection and the centre was legally restricted from admitting any new residents. This was due to a condition that had been placed on the centres registration, the details of which, will be discussed throughout this report.

Resident's spoken with were unaware that the centre was not accepting admissions and staff spoken with informed the inspector that they were aware that admissions had ceased, until fire work to the centre was completed. The inspector saw no visible evidence, on the day of this inspection, of structural work being carried out to the premises. The management team informed the inspector that they were still awaiting confirmation from the registered provider, that work would be starting.

The inspector met with the majority of the residents living in the centre during the course of the day, and spoke with seven residents in detail, to gain insight into their lived experience. From the observations of the inspector and from speaking to residents, it was evident that residents were happy with the care they received from staff. They described staff as "hard working" and "always caring". Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The care provided to residents was observed to be person-centred. It was evident to the inspector that staff knew the residents well and provided support and assistance to residents with respect and kindness.

The inspector also had the opportunity to meet with three visitors, who praised the dedication and commitment of staff and told the inspector they loved coming into the centre and valued that it was such a welcoming and homely place.

Bedroom accommodation in the centre consists of 42 single and four twin bedrooms, all with en-suite facilities. The inspector observed that all four twin bedrooms in the centre continued to function as single bedrooms, similar to the findings of the previous three inspections. These rooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed. The inspector saw that bedrooms were spacious and well furnished with adequate storage space for residents' personal belongings. Some residents had personalised their rooms with pictures of the local west Cork scenery, family occasions and memorabilia. Residents spoke positively about their single bedrooms, one resident telling the inspector they loved that they had privacy and their own space. The centre was visibly clean on the day of this inspection, however, some areas of the premises required upgrading such as flooring and painting. This is discussed under regulation 17.

Communal space in the centre comprises of the Sheep's head lounge, a quiet room, two living rooms and two dining rooms. The inspector noted that when this total area was calculated, it did not provide residents with the recommended amount of communal space, per resident. However, the communal space in the centre was sufficient, when considering the centre was currently operating all bedrooms as single room occupancy.

Residents spoke positively about the choice and quality of food and told the inspector they always had choice and could request different meals if they would like them. The inspector saw that residents who required assistance were provided with this, in an appropriate manner by staff. Additional seating had been provided in the dining room, to ensure chairs were suitable for residents use, in response to the findings of the previous inspection. The inspector also saw that 22 new dining chairs had been ordered by the management team, which were awaiting delivery.

A range of activities were observed to take place throughout the day. Current affairs were discussed in the mornings in the main sitting rooms and residents were completing a project about birds of Ireland. Some residents were observed reading newspapers, knitting and doing crosswords. The local transition year students attended the centre in the afternoon and interacted well with residents, talking about their hobbies and playing ball games. Residents told the inspector they loved to see the students coming and it brought a smile to their face.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This risk inspection took place to follow up on the action taken by the provider to address serious issues of non-compliance found on the previous inspections of the centre. Findings of this inspection were that the registered provider had failed to carry out the fire safety works required in the centre, as committed to, following inspections of July 2022, November 2022 and May 2023. This omission of action posed a risk to residents receiving a safe quality service. The provider had submitted an application to renew the registration of this centre and this inspection would also inform part of that decision making process.

The Chief Inspector had committed to working with the provider, in the best interests of the people living in the centre. This was via ongoing regulatory engagement with the provider, which included provider meetings, cautionary meetings and warning meetings to highlight concerns about the governance and management of the centre and fire safety issues. However, the provider had not followed through on multiple commitments to take the necessary actions, to address the areas of non compliance, which put residents at risk.

Aperee Living Bantry is operated by Aperee Living Bantry Limited, the registered provider. The company comprises of one director. The centre was part of the Aperee Living Group, which operates a number of centres around the country. The Chief Inspector remained concerned, as per the findings of four inspections, with regards to the registered provider's ability to sustain the delivery of a safe, quality service for residents.

The Chief Inspector had taken enforcement action, after extensive engagement with the provider, by attaching a restrictive condition to the centres registration. This was to hold the provider to account, for non-compliance with the Act and regulations. This condition on the registration stated that the registered provider shall ensure that no new resident is admitted to the designated centre until the designated centre is brought into compliance with regulation 28- fire precautions. Specifically, it states that the fire safety works in the designated centre must be completed in full, prior to the admission of any new resident.

Following the May 2023 inspection, the registered provider again committed to the Chief Inspector that all outstanding risks identified in the fire safety risk assessment would be completed no later than September, 2023. However, findings of this inspection were that the provider had failed to carry out the work required to comply with fire precautions. There was also no evidence of a time bound action plan to complete fire safety works.

The person in charge of the centre was aware of the restrictions that had been applied to the centres registration, by the Chief Inspector, as per Section 51 of the Health Act. They were refusing all new admissions to the designated centre since July 2023.

The provider had committed to strengthening the governance structure during engagement with the Chief Inspector. However the inspector noted that the governance structure and reporting relationships of Aperee Bantry Limited had changed, and weakened, since the previous inspection. The role of the regional manager, named as a person participating in management, on the centres registration, no longer existed within the organisational structure of the company. Therefore, there was an absence of clinical oversight, which may pose a risk to residents care. The person in charge now reported directly to the Chief Operations Officer. The human resource department was also no longer available to the management team to assist in recruitment and implementation of policy relating to human resource issues.

Within the centre, the team comprised the person in charge, an assistant director of nursing, a clinical nurse manager, healthcare assistants, catering, domestic, maintenance, activities staff and an accounts manager. The person in charge had worked in the centre for over 15 yrs and it was evident to the inspector that they were knowledgeable and had oversight of residents clinical care needs, which were found to be of a good standard.

The centre was adequately resourced in terms of staffing levels on the day of the inspection, when considering the the size and layout of the building and the

assessed needs of the residents. There was adequate nursing staff on duty, two every day and night, supported by a team of healthcare staff. The person in charge had ensured that an extra member of staff was rostered at night, to mitigate identified fire risks in the centre. However, the provider had failed to ensure that adequate monetary resources were made available to the centre to implement the fire safety work to the premises, required to address fire safety concerns.

A comprehensive training and development programme was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role and demonstrated an appropriate awareness of their training with regard to safeguarding residents from abuse, infection prevention and control and fire safety. There were arrangements in place to provide supervision and support to staff through an induction process.

Management systems were in place by the internal management team to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans.

All residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied. Some contracts reviewed did not give details of the services provided, as per regulatory requirements and actioned under regulation 24.

The previous inspection of this centre found that the procedures in place to ensure residents' finances were safeguarded, were not robust. Inspectors had concerns about the manner in which residents' funds were being managed, particularly in relation to the system in place to return monies and property to the estates of residents who had deceased. This had been actioned and addressed since the previous inspection and all money had been returned to estates of deceased residents.

However, it was evident that money in the account of Aperee Bantry Limited was being transferred under the direction of people not listed as part of the company, to fund and support other designated centres in the group. Therefore, it was challenging for internal management to plan and organise resources.

In summary, despite a history of extensive engagement and communication between the Office of the Chief Inspector and the registered provider, to address the serious risk to residents, the provider had failed to implement agreed improvements, in order to protect people using the service.

## Regulation 15: Staffing



From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Judgment: Compliant

### Regulation 16: Training and staff development

From speaking with staff and from a review of a comprehensive training matrix, it was evident to the inspector that the management team ensured that staff were provided with ongoing training. There was evidence that mandatory training was completed and in date.

Judgment: Compliant

### Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

There were significant concerns with regards the governance and management of the service and the registered providers ability to ensure that the service provided was safe. This was evidenced by the following :

- as found on previous inspections resources had not been allocated to carry out work to the premises required to be fire compliant and to ensure the safety of residents in the centre. The provider had arranged for an external consultant to conduct a fire safety risk assessment of the premises in November 2021. This assessment identified a number of red (high) fire safety risks in the centre. A number of these risks had yet to be addressed and five

of the high risk issues remained outstanding. These are further discussed under regulation 28, fire precautions.

- resources in the companies bank account were being removed by people not associated with the company, to fund other designated centres. This arrangement may impact the availability of resources for residents living in the centre.
- the management structure of the provider was not clearly defined to identify the lines of authority and accountability, specify roles and details responsibilities for all areas of care provision.
- there was no longer human resource support available in the company. The result of this was that a safeguarding incident pertaining to a staff member, four months prior to this inspection, could not be fully investigated, as per the centres policy.
- there were inadequate financial systems in place as the provider had not set up a residents account as committed to in July 2023.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Although they all contained information with regards fees to be paid they did not all include the details with regards to the services that will be provided. This is a requirement of the regulations.

Judgment: Substantially compliant

### Quality and safety

This inspection found that supportive and caring staff working in the centre promoted and respected residents' rights. Residents' needs were being met through very good access to health care services and opportunities for social engagement. However, the registered providers history of poor governance and failure to implement effective fire management systems impacted on the quality and safety of care and continued to put residents at risk.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours services available. There was evidence of appropriate referral to and review by health and social care professionals where required. Records reviewed evidenced that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively

assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

As mentioned throughout this report, significant action was required by the registered provider in relation to fire precautions. Although appropriate certification was evidenced for servicing and maintenance of equipment and fire safety training was up-to-date for all staff, the provider had not addressed the red rated (high) risks pertaining to fire safety that existed in the centre. Fire drills also did not provide assurances with regards timely evacuation of residents, in the event of a fire. These findings are actioned under regulation 28, fire precautions.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians.

The provider was not a pension agent for any of the current residents living in the centre. The administrator who worked in the centre, had ensured that all money had been returned to deceased residents estates, in response to the findings of the previous inspection. However, the provider had not set up a residents account, to which they committed to, to enhance financial systems within the centre.

## Regulation 17: Premises

Some areas of the premises required to be addressed to conform with Schedule 6 of the regulations:

- flooring in some areas of the centre , such as the main day room and some residents bedrooms was observed to be damaged.
- some bedrooms required painting as paint was chipped on walls and door frames.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents had access to drinks and snacks throughout the day and were offered choice at mealtimes. Food appeared wholesome and nutritious and was served at reasonable times. There was an adequate number of staff available to assist residents at mealtimes.

Judgment: Compliant

### Regulation 28: Fire precautions

As mentioned in the first section of this report the provider had committed to completion of fire safety works rated as of high risk. However, the inspector did not observe any structural work having been completed on site. The management team, within the centre, did not have confirmation of a time bound action plan for commencement and completion of fire safety work required, to ensure the safety of residents.

The following outstanding work included:

- fire compartment boundaries used for phased evacuation did not extend through the attic and the inspectors did not see evidence that this structural work had commenced, as committed to by the provider. This posed a risk to residents as compartment sizes were large, therefore, evacuation of residents may be delayed, in the event of a fire.
- upgrading of ceilings of extension and all roof window tunnels to provide correct fire rated materials.
- servicing and/or replacement of inadequate fire doors.
- fire stopping of service penetrations passing through fire rated barriers throughout building.
- upgrade of rear ramps to provide suitable means of escape routes.

A review of simulated evacuation drills were reviewed by the inspector. These did not provide assurances that residents could be evacuated in a timely manner, to a place of safety, at a time when staffing levels are at their lowest, in the event of an emergency.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents relatives and staff it was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulations. The inspector saw that assessments and care plans were updated when residents' condition changed.

Judgment: Compliant

## Regulation 6: Health care

Residents living in the centre were provided with appropriate evidence based healthcare. A physiotherapist attended the centre three hours per week and there was evidence that residents were referred to other health and social care professionals such as dietitians, speech and language therapist and palliative care services as required. Tissue viability expertise was also available to support nursing staff with the management of wound care. There was a low incidence of pressure ulcer development in the centre and no residents were being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Aperee Living Bantry OSV-0004452

Inspection ID: MON-0041033

Date of inspection: 28/09/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</i></b></p> <p>From 20th November 2023, three new directors have been appointed to the company and the previous sole director has resigned. One of the new directors is also the company secretary. An additional external PPIM is also being appointed. The new governance overall structure is being shared with the Authority under separate correspondence. The newly appointed directors are experienced and are all fully active in supporting the team in the home with each having specific areas of responsibility. Structured Management Meetings within the home will be held on a fortnightly basis with all directors and PPIMs in attendance.</p> <p>In consideration of findings in this report and previous inspections, focus and priority will be placed by the new Governance Structure on the management of fire safety and the systems associated with fire safety. The Provider has reviewed the fire safety risk assessment and will ensure identified risks will be actively managed. During this timeframe of completion of remedial works, the Provider and DON will continually monitor hazards and risks to ensure resources are being used to the best effect to minimise the risk of fire and a weekly update will be provided to the Authority.</p> <p>The company's bank account is only accessible to a company director and the administrator of the home and 2 company directors are signatories on the Bank account. The directors of the company have applied to the vulnerable persons unit of the pillar banks to open a dedicated account to manage residents money. In the intervening period, the new directors are taking responsibility to ensure residents monies are fully</p>	



protected.

HR contracted services have been initiated and a full safeguarding incident investigation pertaining to a staff member has commenced. Pending the outcome of this investigation of the alleged incident, the staff member has been placed on temporary suspension.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  
 A full audit of Contracts of Care will be undertaken by the Director of Nursing and Administrative Team to ensure information with regards to the services that are provided to residents will be detailed.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Replacement flooring has been completed in "Sheep's Head" corridor and a further upgrade programme will be implemented to include the main day room and some resident's bedrooms.

Subsequent to the inspection a painting upgrade plan has commenced to include chipped walls and doorframes.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

***The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the***

***regulations.***

A contractor is due to start on site on Monday 11th December to undertake all the necessary Fire Rectification works. A weekly update will be provided to the Authority on progress of same.

Frequency of fire drills have increased to improve simulated time taken to evacuate residents from largest compartments.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/12/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Not Compliant	Orange	01/12/2023

	specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/12/2023
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	13/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(b)	The registered provider shall	Not Compliant	Orange	28/02/2024

	provide adequate means of escape, including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	28/02/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/01/2024